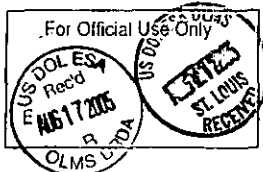


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8792	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John Wieners P.O. Box, Bldg., Room No., if any Street 2932 Northern Lights City Arnold State Missouri ZIP Code + 4 63010-3874	4. Name, file number, and address of labor organization. Name Bakery, Confectionary, Tobacco Workers & Grain Millers Local Union No. 4 Labor Organization File Number 2472 P.O. Box, Building and Room Number, if any Street 2615 Winnebago Street City St. Louis State Missouri ZIP Code + 4 63118-3921
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigner's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>John Wieners</i></u>	On <u>8/10/05</u> <u>636 282 7274</u> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Milliman USA**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 650**Street **501 N. Broadway**City **St. Louis**State **Missouri** ZIP Code + 4 **63102-2121**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Bakers Retail Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 170**Street **4260 Shoreline Drive**City **Earth City**State **Missouri** ZIP Code + 4 **63045-1200**

11.a. Nature of such dealing.

Consulting Actuary

11.b. Approximate dollar value of such dealing.

73,888.29
Unknown

12.a. Nature of interest held or income received.

Baseball tickets (April 28)

12.b. Amount.

84.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Bakers Retail Pension Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 170**Street **4260 Shoreline Drive**City **Earth City**State **Missouri** ZIP Code + 4 **63045-1200**

14.a. Nature of payment.

**Advance for Expenses for Attending
International Foundation of Employee
Benefit Plans in New Orleans, LA.
(November 29 to December 5)**

14.b. Amount of payment.

2116.9313.b. Is the Business an Employer ☒ or Consultant ☐ ?

Name of Person Filing John Wieners	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>GHP - Advantra</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 400</u></p> <p>Street <u>111 Corporate Office Drive</u></p> <p>City <u>Earth City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>63045-1506</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Bakers Union Health & Welfare Trust</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 170</u></p> <p>Street <u>4260 Shoreline Drive</u></p> <p>City <u>Earth City</u></p> <p>State <u>Missouri</u> ZIP Code + 4 <u>63045-1200</u></p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center; font-size: 1.2em;">Insurance</p> <p>11.b. Approximate dollar value of such dealing. <u>\$772,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">Baseball tickets and food April 4-\$133 Baseball tickets and food April 29-\$116</p> <p>12.b. Amount. <u>249.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>